



APPLICATION FOR OUT OF STATE AND OTHER COURSES REQUESTING POST CREDIT

Phone 444-3605 Director, Administrative Support 444-4108 or 846-1320 ext. 2307, FAX 444-4722 or
TTY Phone 444-7099

Please write or print legibly

APPLICANT NAME: _____		Phone _____	
Social Security Number: _____		Date of Birth _____	
AGENCY: _____			
Name of Course: _____			
Length of Course & Organization Sponsoring Course in hours: Length (hours) _____		Sponsor: _____	
Location of Course _____			
<i>SELF INSTRUCTIONAL (TEST MUST BE PROCTORED)</i> (please print)			
Proctor Name: _____		Phone _____	
Proctor Signature: _____		Proctor Pre Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Date approved: _____	
Resume of Proctor/Monitor Attached <input type="checkbox"/> Yes <input type="checkbox"/> On File (Facility Trainers)			
Date of Course: Begin Date: _____		End Date: _____	
Length of Course: _____ (in hours and/or course outline/agenda)			
Signature of Applicant: _____		Date: _____	
Signature or Supervisor: _____		Date: _____	
YOU MUST ATTACH THE FOLLOWING WITHIN <u>180 DAYS</u> OF CLASS COMPLETION: - A COPY OF THE COURSE CERTIFICATE OF COMPLETION - COURSE OUTLINE - INSTRUCTOR BIO'S - STUDY GUIDE OR COURSE SYLLABUS FOR SELF INSTRUCTIONAL STUDY			
TO: P O S T 3075 North Montana, PO Box 201408 Helena, MT 59620			